GRAYS NURSING HOME

555	NORTH	CHESTNUT	STREET
222	INOICILI	CITEDITIOI	

PLATTEVILLE	53818	Phone: (608) 349-674	1	Ownership:	Corporation
Operated from 1	/1 To 12/31	l Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conju	nction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds S	et Up and St	taffed (12/31/05):	20	Title 18 (Medicare) Certified?	Yes
Total Licensed B	ed Capacity	(12/31/05):	20	Title 19 (Medicaid) Certified?	Yes
Number of Reside	nts on 12/31	1/05:	20	Average Daily Census:	20

Age, Gender, and Primary Diagnosis	of Residents (12/	31/05)		Length of Stay (12/31/05)	%
Primary Diagnosis	%	Age Groups 	*	 Less Than 1 Year 1 - 4 Years	10.0 70.0
Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	20.0
Mental Illness (Org./Psy)	30.0	65 - 74	0.0		
Mental Illness (Other)	5.0	75 - 84	50.0		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	45.0		
Para-, Quadra-, Hemiplegic	5.0	95 & Over	5.0	Full-Time Equivalent	
Cancer	0.0			Nursing Staff per 100 Resid	lents
Fractures	0.0		100.0	(12/31/05)	
Cardiovascular	10.0	65 & Over	100.0		
Cerebrovascular	5.0			RNs	11.1
Diabetes	10.0	Gender	%	LPNs	12.3
Respiratory	15.0			Nursing Assistants,	
Other Medical Conditions	20.0	Male	20.0	Aides, & Orderlies	36.7
		Female	80.0	İ	
	100.0	İ		İ	
			100.0	İ	

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care	Į		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	13.3	150	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	10.0
Skilled Care	0	0.0	0	13	86.7	127	0	0.0	0	5	100.0	141	0	0.0	0	0	0.0	0	18	90.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		15	100.0		0	0.0		5	100.0		0	0.0		0	0.0		20	100.0

*********	*****	********	******	*****	*****	******	*****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, a	and Activities as of 1:	2/31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		70.0	30.0	20
Other Nursing Homes	20.0	Dressing	15.0		60.0	25.0	20
Acute Care Hospitals	60.0	Transferring	20.0		45.0	35.0	20
Psych. HospMR/DD Facilities	0.0	Toilet Use	10.0		60.0	30.0	20
Rehabilitation Hospitals	0.0	Eating	50.0		30.0	20.0	20
Other Locations	0.0	***********	******	*****	*****	*******	******
Total Number of Admissions	5	Continence		%	Special Treatme	ents	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	5.0	Receiving Res	spiratory Care	25.0
Private Home/No Home Health	40.0	Occ/Freq. Incontinent	t of Bladder	60.0	Receiving Tra	acheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	30.0	Receiving Suc	ctioning	5.0
Other Nursing Homes	0.0				Receiving Ost	-	10.0
Acute Care Hospitals	0.0	Mobility			Receiving Tub	9	10.0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	0.0	Receiving Med	chanically Altered Die	ts 70.0
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident	Characteristics	
Deaths	60.0	With Pressure Sores		5.0	Have Advance	Directives	90.0
Total Number of Discharges		With Rashes		10.0	Medications		
(Including Deaths)	5				Receiving Psy	choactive Drugs	95.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

*************	******		******** ership:		********* Size:		******** ensure:	******	*****
	This	Proj	prietary	Und	er 50	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	ે	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	86.8	1.15	88.2	1.13	88.3	1.13	88.1	1.14
Current Residents from In-County	75.0	76.7	0.98	70.9	1.06	70.5	1.06	77.6	0.97
Admissions from In-County, Still Residing	20.0	16.9	1.18	24.7	0.81	20.5	0.98	18.1	1.10
Admissions/Average Daily Census	25.0	168.8	0.15	96.3	0.26	123.5	0.20	162.3	0.15
Discharges/Average Daily Census	25.0	172.6	0.14	93.9	0.27	126.7	0.20	165.1	0.15
Discharges To Private Residence/Average Daily Census	10.0	69.5	0.14	23.2	0.43	50.1	0.20	74.8	0.13
Residents Receiving Skilled Care	100	95.0	1.05	83.0	1.20	94.1	1.06	92.1	1.09
Residents Aged 65 and Older	100	92.7	1.08	96.4	1.04	92.5	1.08	88.4	1.13
Title 19 (Medicaid) Funded Residents	75.0	67.3	1.11	53.3	1.41	70.2	1.07	65.3	1.15
Private Pay Funded Residents	25.0	18.0	1.39	37.0	0.68	19.0	1.31	20.2	1.24
Developmentally Disabled Residents	0.0	0.6	0.00	1.2	0.00	0.5	0.00	5.0	0.00
Mentally Ill Residents	35.0	29.4	1.19	30.9	1.13	37.2	0.94	32.9	1.06
General Medical Service Residents	20.0	28.0	0.71	12.7	1.57	23.8	0.84	22.8	0.88
Impaired ADL (Mean)	55.0	48.0	1.15	46.1	1.19	47.2	1.17	49.2	1.12
Psychological Problems	95.0	53.5	1.78	64.2	1.48	58.9	1.61	58.5	1.62
Nursing Care Required (Mean)	16.9	6.8	2.48	9.2	1.84	7.1	2.37	7.4	2.27